('Rating': 'How would you rate the care you received?') and the Friends and Family Test ('FFT': 'Would you recommend this hospital to your friends and family?') were explored: age, gender, disease type, admission type (emergency medical; emergency surgery; elective surgery) and health state at the time of questionnaire completion (EQ5D). 15 items were mapped onto specific IBD standards.

Results 2,067 respondents (UC 1,078, CD 989; 42.6% male; mean age 46.2 yrs; Elective surgery 20.7%, Emergency surgery 12.3%; 67.0% Medical therapy). Patients with CD had a lower QoL (EQ5D: UC 0.75 vs. CD 0.69, $p < 0.001$). Most patients (90.3%) reported good, v. good or excellent care; 90.4% of patients would probably or definitely recommend the hospital to friends and family. Increasing age correlated with better score (Rating: $r = 0.136$; FFT: $r = 0.153$). Mean scores of males higher than females (Rating: 4.17 vs. 3.92; FFT 2.58 vs. 2.43; $p < 0.001$), and UC patients answered more favourably (Rating: UC 4.09 vs. CD 3.96; FFT UC 2.52 vs. CD 2.47; $p < 0.05$). Emergency medical patients had least favourable responses. Better QoL correlated with Rating ($r = 0.207$) and FFT ($r = 0.173$). In multiple regression, independent variables predictive of Rating were EQ5D, age and gender, whereas for FFT the predictors were EQ5D, age, gender and type of admission. Correlation with 15 items linked to IBD standards varied from weak (Dietician Visit, $r = 0.07$) to moderately strong ('Enough information to manage condition after discharge', $r = 0.50$). In regression models adjusting for patient factors, only 5 of 15 questions were retained for 'rating' (r-sq: 0.47) and 4 for FFT (r-sq: 0.31).

Conclusion In IBD patients, 'rating' style questions are influenced by independent patient variables and current state of health and require careful interpretation. Correlation with questions relevant to IBD standards is variable, confirming that patient experience surveys should include items that map onto specific events and experiences rather than subjective ratings alone.

Disclosure of interest None Declared.

REFERENCE

1 UK IBD Audit. National report of the results of the UK IBD audit 3rd round inpatient experience questionnaire responses. https://www.rcplondon.ac.uk/projects/ibdauditround3

PTH-083 SELECTIVE MONITORING OF ANTITNF DRUG LEVELS AND ANTIBODIES WILL REDUCE SHORT-TERM PRESCRIBING COSTS AND PROVIDE EARLY PERSONALISED TAILORING OF ANTITNF THERAPY IN ROUTINE IBD PRACTICE

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Introduction Clinical trial results suggest that measurement of antiTNF drug levels (ATL) and antibodies (ATA) may have a cost-saving as well as clinically beneficial effect in patients with IBD. We aimed to assess whether selective monitoring of ATL and ATA reduces prescribing costs and how it affects clinical decisions in ordinary clinical practice.

Method ATL and ATA were assayed in 47 (19%) of our 247 antiTNF-treated IBD patients (Crohn's disease 41, ulcerative colitis 4 and pouchitis 2; (on infliximab 45, on adalimumab 2)) because of either secondary loss of response ($n = 11$) or a dosage of infliximab (IFX) exceeding 5 mg/kg every 8 weeks ($n = 36$). ATL and ATA were measured by automated LISA-TRACKER assay (Theradiag, France) at Viapath, St Thomas' Hospital. For each patient, the outcomes of decisions about therapeutic strategy based on clinical assessment alone were compared against those based on assay results combined with clinical criteria. AntiTNF prescribing and surgery costs were predicted for the ensuing 4 months for the two decision-making strategies, assuming that infliximab phials were shared.

Results Outcomes of the decisions taken are summarised in the Table. Prescribing costs estimated for the subsequent 4 months (17 weeks) for clinically based decisions were £225,825 and for assay based strategies were £209,772 (£3525 assay costs included). Predicted total cost savings using the assay based decisions, taking into account referrals for surgery and for trial drugs, were £16,053 in 4 months. Clinically based decisions led to more patients staying on antiTNFs, while assay-based decisions caused more patients to be switched to an alternative antiTNF, recruited to trials and referred for surgery. In 19/47 patients, both decision-making approaches gave the same outcome.

Conclusion Measurement of antiTNF drug levels and antibodies in selected patients should produce short-term cost savings in ordinary clinical practice. Longer follow-up is needed to assess the clinical impact of the decisions made using these assays in combination with clinical criteria, but is likely to amplify the savings they make possible.

Disclosure of interest None Declared.

PTH-084 BULLOUS CUTANEOUS VASCULITIS-A RARE SIDE EFFECT TO ADALIMUMAB THERAPY

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Introduction Anti-TNF(tumour necrosis factor) therapy is an effective treatment for Crohn's disease. As the usage of anti-TNF drugs increase worldwide, the proportion of reported serious side effects are expected to rise. We present a serious adverse reaction to Adalimumab.

Abstract PTH-083 Table 1

N = 47	Continue antiTNF in same dose	Increase antiTNF dose or frequency	Reduce antiTNF dose or frequency	Stop antiTNF therapy	Switch to alternative antiTNF	Transfer to clinical trial drug	Surgery
Clinically based decisions	25	6	6	0	9	0	1
Assay based decisions	14	5	6	2	13	3	4